

NOTIFY EMPLOYER

Form 88-5
TREASURY DEPARTMENT
INTERNAL REVENUE SERVICE
(Revised June 1940)

APPLICATION FOR SOCIAL SECURITY ACCOUNT NUMBER

REQUIRED UNDER THE FEDERAL INSURANCE CONTRIBUTIONS ACT

READ INSTRUCTIONS ON BACK BEFORE FILLING IN FORM

EACH ITEM SHOULD BE FILLED IN. IF THE INFORMATION CALLED FOR IN ANY ITEM IS NOT KNOWN, WRITE "UNKNOWN"

576-20-6306

DO NOT WRITE IN THE ABOVE SPACE

PLEASE PRINT WITH INK OR USE TYPEWRITER

1. ISHI HAMURA KOZAWA 200
WORKER'S FIRST NAME MIDDLE NAME (IF YOU HAVE NO MIDDLE NAME, DRAW A LINE) LAST NAME
(MARRIED WOMAN—FOR MIDDLE NAME, GIVE LAST NAME BEFORE MARRIAGE; FOR LAST NAME, GIVE HUSBAND'S LAST NAME)

2. Puukolii, Lahaina, Maui, T. H.
FULL NAME UNDER WHICH YOU WORK, IF DIFFERENT FROM NAME SHOWN IN ITEM 1 WORKER'S PRESENT HOME ADDRESS (STREET AND NUMBER) (CITY) (STATE)

3. Yamaguchi Ken, Japan.
PLACE OF BIRTH (CITY) (COUNTY) (STATE)

4. HAVE YOU EVER BEFORE HAD A SOCIAL SECURITY ACCOUNT NUMBER CARD? NO X YES
(CHECK (✓) WHICH AND IF ANSWER IS "YES" ENTER PLACE AND DATE OF ORIGINAL FILING AND REASONS FOR FILING AGAIN)

5. 54 6. 7 - 3 - 87 7. Yamaguchi Ken, Japan.
AGE AT LAST BIRTHDAY DATE OF BIRTH (MONTH) (DAY) (YEAR) (SUBJECT TO LATER VERIFICATION) PLACE OF BIRTH (CITY) (COUNTY) (STATE)

8. SEX: MALE X FEMALE X 9. COLOR OR RACE: WHITE X NEGRO X OTHER Japanese 10. MARRIED X SINGLE X WIDOWED X DIVORCED X SEPARATED X
(CHECK (✓) WHICH) (CHECK (✓) WHICH) (SPECIFY) (CHECK (✓) WHICH)

11. Pioneer Mill Co., Ltd. 12. Lahaina, Maui, T. H.
BUSINESS NAME OF PRESENT EMPLOYER BUSINESS ADDRESS OF PRESENT EMPLOYER (STREET AND NUMBER) (CITY) (STATE)

13. Hamasuke Hamura 14. Natsu Yamane
FATHER'S FULL NAME, REGARDLESS OF WHETHER LIVING OR DEAD MOTHER'S FULL NAME BEFORE MARRIAGE, REGARDLESS OF WHETHER LIVING OR DEAD

15. None 16. HOW WERE YOU PAID?
DATE LAST FULL TIME JOB ENDED—LAST OCCUPATION—LAST INDUSTRY (SEE INSTRUCTIONS) SPECIFY (EXAMPLES: "DAILY WAGE," "SALARY," "COMMISSION," "PIECEWORK")

17. May 12, 1942 18. Her + mark Witnesses: J. C. Watson
DATE SIGNED APPLICANT'S WRITTEN SIGNATURE (FIRST NAME) (MIDDLE INITIAL) (LAST NAME)

RETURN COMPLETED APPLICATION TO, OR SECURE INFORMATION ON HOW TO FILL IN APPLICATION FROM, NEAREST SOCIAL SECURITY BOARD FIELD OFFICE. THE ADDRESS CAN BE OBTAINED FROM LOCAL POST OFFICE